

# Psychotherapeutic Concepts in *Atharva Veda*<sup>1</sup>

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## Introduction

The *Atharva Veda* provides a broad conceptual framework to understand human nature within a worldview. It suggests ideas about mind, its normal and abnormal nature, and a set of psychotherapeutic techniques to develop personality and overcome mental sufferings. Meditation and the spiritual path are emphasized to over-come human suffering and attain super conscious state.

*Atharva Veda* deals with *manas* [inner sense, mind]. It is related to harmonizing the human psyche and the universal psyche. It is considered that, the psyche possesses sufficient energy to develop the self, solve problems, and achieve high goals (superconscious state). To attain these, the methods developed in Atharvaveda Upaniṣad are meditation and the spiritual path. *Praśna Upaniṣad* emphasizes these methods, which are psychogenic in nature (Shende, 1952). They are aimed at improving mental capabilities, mental health, and personality integration.

Scriptures advise all human beings to live for hundred years, working for both the temporal and spiritual aspects of the world. If life is spent in this way, *karma* can never taunt and cause sufferings. Ancient *ṛṣi*'s have spoken abundantly about self-control through meditation and thereby achieve integration of self, stronger will, development of latent potentials, and self-purifications. *Muṇḍaka Upaniṣad* declares that attachment and desires cause all distresses. In the absence of desires, the restlessness of the mind is composed and one becomes blissful. Balancing of personality through balancing of *guṇa* is a major teaching of the Vedas (*Muṇḍaka Upaniṣad*). In addition prayers, meditation, sacrifices are used for attaining mental peace, and pure thoughts. The *Atharva Veda*

describes a number of psychotherapeutic methods for self-improvement and attaining *siddhi*.

It is a difficult task to pick up psychotherapeutic elements from *Atharva Veda* and organize them as a therapeutic discipline. It is equally difficult to establish the efficacy of the above procedures through empirical methods. However, efforts are being made in this direction.

## Atharva Veda and Psychotherapy

Psychotherapeutic practices are since the Vedic period. The *Rg Veda*, *Yajur Veda* and *Sāma Veda* dwell upon the other world and the greatness of gods, while *Atharva Veda* dwells upon the ways of knowing individual psyche and attaining power in the world, specially related to *ātman* and *manas*. The *Atharva Veda* considers psychic energy as omnipotent, capable of mental integration, and attaining *siddhi*. The psycho-therapeutic aspects of *Atharva Veda* have been expanded in *Āyurveda* and *Yoga* literature. It has shown remedies for illness and psychological health and wellbeing. *Atharva Veda* gives detailed description about normal behaviours, mental illnesses, and therapeutic methods to cure them. It describes normality as well as severe forms of abnormality. It also deals with personality improvement, psychic integration, and mental health. Therapy for mental disorders have been explained by various exponents of *Atharva Veda*, for example, Max Müller (1964), Shende (1952) and others.

The psychotherapeutic methods used are *saṅkalpa* (self-determination), *sadesh* (suggestion), ritualistic therapy, *saṁvaśīkaraṇa* (hypnosis), *bhrahma kavca* (defensive belief), persuasion, and desensitization. *Deviya havan* therapy (spiritual healing) and *prāyaścitta* (confession, penance and sacrifice).

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Swami Akhilananda (1952) states that Indian psychology can contribute to the field of psychotherapy as they have the therapeutic value for mental integration. It is certain that Indian psychotherapeutic concepts originated from the *Atharva Veda*, which has been developed in Āyurveda and Yoga.

### **Saṅkalpa or Self-Determination**

*Saṅkalpa* is a method of building will power (*ātmabala*), a strong volition, and energetic ego, and to make adjustments. Here *manas* or consciousness generates the self-determination, to bring normality by balancing/analysing *rajas* and *tamas guṇa* in terms of past and present activities, thereby establishing harmony. Positive suggestions are repeated producing self-hypnotic effects. Hans Jacob (1961) in his book *Western Psychotherapy and Hindu Sādhana* writes that Indian resourcefulness succeeded in discovering early auto-hypnosis and hetero-hypnosis. Hence, *saṅkalpa* is essentially will training or training to strengthen the ego. Suggestions are given in *Atharva Veda* about the application of *saṅkalpa* on phobia, in the form ‘*not to get fear as many different things do not get fear and so be fearless.*’ Similarly, *saṅkalpa* is used to overcome fearful dreams, for acquiring self-defence and physical energy. While giving suggestions, associations with lions, elephants, warriors etc. are made to acquire energy and confidence. This method can be quite useful in children and adults to develop ego strength and can be used to improve personality. It is a self-directive autotherapy. It can be conducted in an individual or a group therapeutic session. The patient must be conscious and be able to give autosuggestions.

### **Directive Therapy by Suggestion (*sadesh*)**

In this technique, the therapist gives suggestions and plays an active role of a guide or teacher. Symbolism, personification, similarity, and contrast are used in *sadesh* or directive therapy. The therapist educates and corrects thinking, feeling and willing process of the patient in a confidential manner for psychogenic disorders such as sexual disorders, functional disorders, increase energy in a weak person, and bravery in a warrior. It is hetero-suggestion made through energetic suggestions and assurances. It can be used as the primary therapeutic technique or as an adjunct to other techniques.

### **Ritualistic Therapy**

As in the western and oriental cultures, Indian socio-religious life is filled with rituals and faith healing beliefs and practices. In the rural areas, these practices are still prevalent. Some religious centres attract a large gathering of rural people due to their belief in the efficacy of the faith healing methods that are practiced there. In the *AtharvaVedic* interpretation, the release of symptoms is through faith and ritualistic suggestion.

These directive therapeutic techniques use ‘dramatic’ methods mainly in the form of rituals performed with suitable *mantras* to make it effective. Symbolization, dramatization, and demonstration are considered to have better effect on the uneducated persons, rather than the non-directive techniques, used with the literates. These non-directive methods involve ability for analytical thinking that, it is believed, the literate individual would have had a better chance to develop. Number of commentators on *Atharva Veda*, like Max Müller (1964), and Karambelkar (1959), accept the use of symbolism in ritualistic therapy. The symbolization and dramatization brings about a psychological effect, bringing about a cure or change in the maladaptive behaviour. In contemporary parlance, it can be termed as “ritualistic therapy.” Alexander (1979) and Kock (1976) have pointed out that, in rural areas the use of indigenous procedures, and belief systems are better suited in addition to modern psychotherapeutic procedures. Many of the faith healing practices operate through suggestion and bring about dramatic changes with a majority of the rural population.

### **Psychological Defensive Belief (*Bhrahma kavacha*)**

The *bhrahma kavacha* is a psychological defensive belief created against fear and danger. Sastri (1951) describes this method in detail. It is used to overcome fear by developing a sense of control over the environment, thereby creating self-confidence (AV/V/10/1-8). The self-confidence helps to mobilize mental energy and becomes a defence against every possible danger. Many chants (*mantras*) and spiritual texts addressing these aspects of human behaviour are available. Reading the scriptures is a popular

practice aimed at developing emotional and volitional strength.

### **Cognitive Change as Therapeutic Method (*āśvāsan*)**

Arsh (1981) defined *āśvāsan* as hope, confidence, and satisfaction. It is aimed at redirecting and re-educating the patient to make him hopeful, confident, and satisfied. False beliefs are removed and confidence is reinstated. This therapy is directive in nature, as the therapist plays a dominant and authoritarian role. The therapist attempts to change the ideas and behaviour patterns that are not healthy and productive. Through encouragement, instilling hope, confidence, and satisfaction, modification of behaviour along positive lines is made. This method is commonly used by the elders of the family to assist the young with normal problems and attempt to bring about attitudinal changes in a person when required.

***Prāyaścitta*:** The *prāyaścitta* hymns of Atharva Veda forms major part of this text. Karambelkar (1959), Max Müller (1964) and Satavalekar (1927) have dealt with this aspect extensively. *Prāyaścitta* is a common religious practice still prevalent. It implies recognition of one's misdeeds and doing penance voluntarily with the aim of sublimating and purifying oneself. It is akin to the concept of atoning for one's sins. It aims at overcoming guilt, thereby improving the super ego functions and bring about long-term change in behaviour. This process establishes equilibrium of *sāttvic*, *rajasic* and *tamasic* qualities in person. As the concept of *prāyaścitta* is well understood by the Indian people, it can be effectively used to bring about a positive change in the personality of the individual.

### **Spirituality and Psychotherapy**

*Rg Veda* has used offerings and prayer in order to achieve relief from disease. *Atharva Veda* explains in detail the *deiviya* and *havan* treatment (Arsh, 1981; Satavalekar 1927). The prayers and offerings can be made by the patient or by the priest on behalf of the patient. In spiritual psychotherapy, faith plays a significant part. The *Atharva Veda* has certain sections that are specifically meant for problems such as phobia, overcoming inferiority feelings, guilt, erotic anomalies, compulsions, and for growth and development. Ancient rishis have spoken

abundantly about self-control and balancing of *guṇa* through meditation, development of will, integration of self, unfolding latent potentials and self-purifications.

William James, Carl Rogers, Rollo May, Carl Jung and others recognized the influence of religion and its impact on individuals. A number of personality theorists have recognized the importance of spiritual and religious aspects in human development and values. Pastoral counsellors such as Paul Pruyser, Wayne Oats have been influential in emphasizing the link between religion and wellbeing. Psychotherapists like Schaffer and Lazarus have recognized the importance of spirituality in psychotherapy. Recently, Miller and Martin (1988) in their book titled *Behavior Therapy and Religion: Integrating Spiritual and Behavioral Approaches to Change*, have discussed the ways in which spiritual perspectives can be incorporated in modern behaviour therapy.

Spirituality entails the acknowledgement of the transcendent being, and a reality greater than ourselves. As most people have unflinching faith in their beliefs, this faith can be used beneficially for their wellbeing. Disregarding the individual's spiritual beliefs and faith can become a major block in the therapeutic process.

Indian philosophy emphasizes the *karma* doctrine. Thus suffering, pain, loss, impending death etc. can be well integrated within this doctrine by emphasizing the spiritual dimension to bring about positive change. Surrender to the Supreme becomes a common practice in the time of distress, as it is an intrinsic part of the philosophy/world view of the Indian.

Bergin (1988) states that social, affective, and cognitive variables have been put forth as explanatory tools in psychological inquiry regarding spirituality-religion-wellbeing. However, a paradigm shift that goes beyond cognitive agentive ones and including spiritual factors is crucial. According to Bergin, the areas in which the spiritual perspective contributes to psychological thought and psychotherapy are in the existence of spiritual reality and anchoring of spiritual values. Spiritual experience has an impact on human behaviour. First person methods in the investigation of the influence of spirituality are necessary. Marks (1978) and others have referred

to this possibility after examining instances of dramatic behaviour change subsequent to religious experiences.

Spiritual perspective anchors values in universal terms. The application of values promotes self-control based on belief. The therapist can assist in reconstructing the client's world in terms of commitment to values, and control of impulses. Addictions, anxiety, depression are the areas where these methods may be effective. The commitment to values can be stronger and more lasting as it is developed through an intrinsic process, rather than one that is externally imposed. The strength and effectiveness of groups, such as the Alcoholics Anonymous, lies in this very principle of personal commitment to a change in values, brought about by a conscious process or choice.

## Conclusion

The happiness of mind and body is not complete and permanent as it is only transitory and leads to sufferings. When mind reflects on truth, its distractions are restrained, senses become composed and return to its base of consciousness. It is the real enlightenment and it can be achieved through meditation and the spiritual path.

The *AtharvaVeda* concepts rely on prayer, rituals and penance. Collins (1980) calls these 'intrapsychic methods'; Marks and others have referred to these as 'faith healing'. Lovinger (1984), Spero (1985), Stern (1985) and Rangaswami (1995, 1996) have suggested that it is possible to utilize traditional spiritual involvements in psychotherapy. The practice of sacrifice, rituals, confession, surrender, prayer, faith etc. are commonly used religious practices in almost all religions. The series of studies conducted at the Duke University seem to concur with Bergin (1988) and others who have identified a positive relationship between religiosity and positive health outcomes.

The approach of *Atharva Veda* is primarily psychogenic and psychosomatic. The *Atharva Veda* believes in omnipotence of psyche and that physical events can also be controlled by psychic energy.

According to Satavalekar (1958), all activities and deeds of the *Atharva Veda* are done through the capacity and concentration of *manas*, because

*Atharva Veda* is related to *Ātman*, *manas*, *buddhi* and *citta*. It purifies and energizes *manas*. Mantra are used to the benefit of the *manas* to cure psychogenic illness. Collins (1980) refers to these as intrapsychic methods, while others have called it faith healing.

In the modern psychotherapies, the importance of self has been emphasized. Self-control, self-direction, self-actualization, cognitive change, faith, assertiveness, positive thinking, and spirituality are liberally used and have become a part of the therapist's parlance.

The *Atharvaveda* methods enumerated in this paper have similar components as those used in some contemporary psychotherapeutic methods. Indian psychology is centred around historical philosophical schools of thought and not on psychological problems or subject based. Due to its strong link with socio-religious processes, it has not developed as an academic discipline with emphasis on empiricism. The therapeutic methods outlined in the *Atharva Veda* need to be verified scientifically for its applicability and efficacy and made relevant for contemporary use. Practices that are based on concepts that have, over the ages, been proved to be wrong or identified as superstitions, need to be sifted from the wealth of otherwise relevant and beneficial understand

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